

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		08-01-01
O.I.P.E. CLASSIFIER			8-19-01
FORMALITY REVIEW	LS	1089	9/1/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/15
2	✓	✓	10/15
3	✓	✓	10/15
4	✓	✓	10/15
5	✓	✓	10/15
6	✓	✓	10/15
7	✓	✓	10/15
8	✓	✓	10/15
9	✓	✓	10/15
10	✓	✓	10/15
11	✓	✓	10/15
12	✓	✓	10/15
13	✓	✓	10/15
14	✓	✓	10/15
15	✓	✓	10/15
16	✓	✓	10/15
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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827  
9-21-01